# SUBMIT: <u>COMPLETED</u> APPLICATION, TAX STATEMENT AND FEE TO: **Bayfield County** Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138

# APPLICATION FOR PERMIT **BAYFIELD COUNTY, WISCONSIN**



OCT 222021

Permit #: Date: Amount Paid: Refund:

| Checks are made p                                      | ayable to: I   | Bayfield C                                       |   | Department.  | PI:   | Bayfield (   | ng Ag     | Application  | MUST be su  | hmittad   | EIII                                    | OUT IN INK                                | NO DE                       | (NCII)   |
|--|----------------|--|---|--|---|--|-----------|--|---|---|---|---|-----------------------------|--|
| TYPE OF PERMI  |                |  |   |  |   |  |           |  |   |   | 274.00000                               |   | h                           |  |
| Owner's Name:  |                |  |   |  | Mai   | ling Address: /  | 145       | 0 1-   |   | e/Zip:  | AL USE                                  | ⊔ B.O.A.                                  | and the same of the same of | LANCE TO SERVICE TO SE |
|  |                |  |   |  | CI  |  |           | Rd   | Orr   | MN  | 55                                      | 77/                                       |                             | 7532   |
| Address of Proper                                      | Bark           | R  | ver -   | Rd   |   | City/State/Zip   | 55        | ter i  | W/.   | 548   | 44                                      |   |                             |  |
| Contractor:  | 10             |  |   |  | Con   |  |           | Plumbe   | r; -  |   | - 1                                     | ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )   | Plumb                       | er Phone: 7/5  |
| Authorized Agent                                       | 17             |  |   |  | 4.  |  |           | STATE OF THE PARTY |   | 1.5   | . 1                                     | 1 1 1                                     | 37                          | 24159  |
| Authorized Agent                                       | : (Person Sig  | ning Appii                                       | ication on behal  | f of Owner(s))   | Age   | Agent Mailing Address (include City/State/Zip):                      |           |  |   |   |   |   | Autho<br>Attach             | rization<br>ned  |
| PROJECT<br>LOCATION                                    | <u>Legal</u>   | Descrip  | tion: (Use T  | ax Statement)  |   | Tax ID# Re   | Hire<br>5 | d #34  | 386   | 37  |   |   | (:                          | No<br>Ownershin  |
| 5W <sub>1/4,</sub>                                     | SE:            | 1/4  | Gov't Lot   | Lot(s)   | CSM   | Vol & Page   | CSN       | /I Doc#  | Lot(s) #  | Block #   | Subdiv                                  | vision:                                   |                             |  |
| Section//  | ,Tow           | nship _  | 50 N, R   | ange   | w   | Town o   | f: C      | lover  |   |   | Lot Siz                                 | FACIES                                    | Acr                         | eage<br>25 acres   |
|  | Cree           |  |   | n 300 feet of R  |   |  |           | Distance S   | Structure is  | from Shoreli  |   |   | -                           | Are Wetlands   |
| ☐ Shoreland -  |                | Property   | //Land withi  | n 1000 feet of   |   |  | <b>→</b>  | Distance S   | Structure is  | from Shoreli  | ne :                                    | Zone?                                     |                             | Present?  Ves No   |
| Non-Shorelan   | d              |  |   |  |   |  |           |  |   |   |   | No  |                             | 7  |
| Value at Time of Completion * include donated time     |                | Projec   | ıt .  | Project<br># of Stori  | 10 V 5 S V 12   | Project<br>Foundation  |           |  |   | Sewer/  | Sanitar                                 | System(s)                                 |                             | Type of<br>Water   |
| & material   |                |  |   |  |   |  |           |  | ty  |   |   |   |                             | property   |
|  | New            | Constr   | uction  | X 1-Story  |   | ☐ Basement   |           | □ 1  | □ M   | unicipal/Ci   | ty                                      |   |                             | ☐ City   |
| \$ 572 000   | _ Addi         | tion/Al  | teration  | ☐ 1-Story ·  | NSUBE TO APPUCANT.   PRIVY   CONDITIONAL USE   SPECIAL USE   B.O.A.   OTHER | □ Well   |           |  |   |   |   |   |                             |  |
| \$50,000   | ☐ Conv         |  |   | ☐ 2-Story  | ry 🗆 Slab   |  |           | Holdin   |   |   |   | cify.Type:                                | XTark                       |  |
|  | ☐ Reloc        | 5255 W.  | isting bldg)  |  |   | Use  |           | ☐ None ☐ Portable (w/  |   |   |   | )   |                             |  |
|  | Prop           |  | - 011   |  |   |  |           |  |   |   |   |   |                             | -  |
|  |                |  |   |  |   |  |           |  |   |   |   |   |                             |  |
| Evicting Structu                                       | ro: (if add    | ition alt  | oration or hu   | ringes is bains a  | nuliad £  | l anoth  |           |  | VA Calaba   |   |   |   | 4                           |  |
| Proposed Cons  |                |  |   |  | ррпеч т   |  |           | Sft  |   |   | Ft                                      |   |                             | 5.ft   |
| Proposed l   | Jse            | <b>✓</b>   |   |  |   | Proposed St  | ructu     | re   |   | •   | D                                       | imensions                                 |                             | Square   |
|  |                |  | Principal   | Structure (fi  | rst stru  | cture on prop  | erty)     |  |   |   | (                                       | X   |                             | Footage  |
|  |                | X  |   |  |   |  |           |  |   |   | 12                                      |   | -                           | 724 ft   |
| Residentia   | l Use          | /  | 1   | with Loft  |   |  |           |  |   |   |   | X   |                             | /  |
| /  |                |  |   | with a Po  |   | orch   |           |  |   |   | (                                       | Х   |                             |  |
|  |                |  |   |  |   |  |           |  |   |   | (                                       |   |                             |  |
|  |                |  |   |  | 1000  |  |           |  |   |   | (                                       |   |                             |  |
| $\square$ Commerci                                     | al Use         | with (2 <sup>nd</sup> ) Deck                     |   |  |   |  |           |  |   | (   |   |   |                             |  |
|  |                |  |   |  |   |  |           |  |   |   |   |   |                             | Y  |
|  |                |  |   |  |   |  |           |  |   |   | (                                       | P15/5                                     |                             |  |
|  |                |  | Mobile H  | ome (manufa  | ctured o  | late)  |           |  |   |   | (                                       | X   |                             |  |
| ☐ Municipal Use ☐ Addition/Alteration (ex              |                |  |   |  |   |  |           |  | (   | X   |   |   |                             |  |
|  |                |  |   |  | 1. 1.   |  |           |  |   |   | (                                       | X   |                             |  |
|  |                | Accessory Building Addition/Alteration (explain) |   |  |   |  |           |  |   | (   | X                                       |   |                             |  |
|  |                |  | Special U   | se: (explain) _  |   |  |           |  |   |   | (                                       | Х   |                             |  |
|  |                |  | Condition   | al Use: (expla   | in)   | ii ii  |           |  |   |   | (                                       | Х   |                             |  |
|  |                |  |   |  |   |  |           |  |   |   | (                                       | X   |                             |  |
| result of Bayfield Couproperty at any reaso  Owner(s): | nty relying or | this inform                                      | ny accompanying<br>f all information I<br>mation I (we) am<br>se of inspection. | g information) has l<br>(we) am (are) prov<br>(are) providing in c | iding and the with this   | ined by me (us) and that it will be relied us application. I (we) co | pon by I  | est of my (our) ki<br>Bayfield County<br>to county official  | nowledge and be<br>in determining v<br>s charged with a | elief it is true, cor<br>whether to issue a<br>dministering cou | rect and co<br>permit. I<br>nty ordinar | we) further accept<br>ices to have access | iability who the abo        | ich may be a<br>ve described   |
| Authorized Age   | nt:            | u are cia  | ming on bobs  | If of the owner  | c) a lotte  | or of authorization  |           | taccomp  | this and  |   | Dat                                     | e   |                             |  |

Address to send permit 11450 Christensen

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE box below: Draw or Sketch your Property (regardless of what you are applying for)

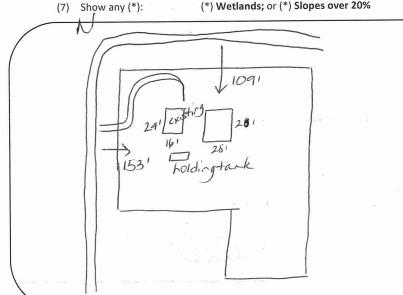
Fill Out in Ink - NO PENCIL

**Proposed Construction Show Location of:** North (N) on Plot Plan (2) Show / Indicate:

(\*) Driveway and (\*) Frontage Road (Name Frontage Road) (3) Show Location of (\*): (4) Show: All Existing Structures on your Property

(\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P) (5) Show: (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond Show any (\*): (6)

Show any (\*): (\*) Wetlands; or (\*) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

### (8) Setbacks: (measured to the closest point)

| Setback<br>Measurements |  | Description   | Setb<br>Measur   |  |  |
|-------------------------|--|---|--|--|--|
|                         |  |   |  |  |  |
| 153 Feet                |  | Setback from the <b>Lake</b> (ordinary high-water mark)   |  | Feet   |  |
| Feet                    |  | Setback from the River, Stream, Creek   |  | Feet   |  |
|                         |  | Setback from the Bank or Bluff  |  | Feet   |  |
| 109 Feet                |  |   |  |  |  |
| 450 Feet                |  | Setback from Wetland  |  | Feet   |  |
| 200 V F                 |  | 20% Slope Area on the property  | ☐ Yes  | □ No   |  |
|                         |  | Elevation of Floodplain   |  | Feet   |  |
|                         |  |   |  |  |  |
| aみ Feet                 |  | Setback to Well   |  | Feet   |  |
| Feet                    |  |   |  |  |  |
| Feet                    | 11/2   |   |  |  |  |
|                         | Measurements  153 Feet Feet  109 Feet 450 Feet 200 Feet 22 Feet Feet Feet Feet | Measurements    153   Feet     Feet     101   Feet     450   Feet     200   Feet     300   Feet     22   Feet     Feet     Feet     Feet     Feet | Measurements   Description     153   Feet   Setback from the Lake (ordinary high-water mark)     Feet   Setback from the River, Stream, Creek     Setback from the Bank or Bluff     101   Feet     450   Feet   Setback from Wetland     200   W Feet   20% Slope Area on the property     100   Feet   Elevation of Floodplain     23   Feet   Setback to Well     Feet   Feet | Measurements    15 3   Feet   Setback from the Lake (ordinary high-water mark)     Feet   Setback from the River, Stream, Creek     Setback from the Bank or Bluff     10 1   Feet     4 5 0   Feet   Setback from Wetland     2 0 0   Feet   Elevation of Floodplain     2 2   Feet   Setback to Well     Feet   Feet   Setback to Well |  |

Prior to the placement or construction of a structure within ten (10) feet of the r other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

## (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For the Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult

to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

| Issuance Information (County Use Only)  | Sanitary Number:   | 1-1275                                     | # of bedrooms:                                   | Sanitary Date: 8-24/21   |  |  |  |
|---|--------------------|--|--|--|--|--|--|
| Permit Denied (Date):   | Reason for Denial: |  |  |  |  |  |  |
| Permit #: 21-040le  | Permit Date: /3 -  | 9-2021                                     | anasa il Lie                                     | The second secon |  |  |  |
| Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming ☐ Yes (Deed of Recor | ous Lot(s))        | Mitigation Required<br>Mitigation Attached | ☐ Yes ☐ No ☐ Yes ☐ No                            | Affidavit Required Affidavit Attached  |  |  |  |
| Granted by Variance (B.O.A.)  ☐ Yes ☐ No Case #:  |                    | Previously Granted b                       | y Variance (B.O.A.)<br>Cas                       | e #:   |  |  |  |
| Was Parcel Legally Created Was Proposed Building Site Delineated  ✓ Yes □ No                                |                    |  | es Represented by Owner<br>Was Property Surveyed |  |  |  |  |
| Inspection Record: North property (ine was flagged, met owner or - s  Date of Inspection: 6-11-21           | appeared of        | be Survey in                               | yed and<br>Sine, Also                            | Zoning District ( AC ) Lakes Classification ( )  |  |  |  |
| Date of Inspection: 6-11-21   | Inspected by:      | Le Norm                                    | 6  | Date of Re-Inspection:   |  |  |  |
| Condition(s): Town, Committee or Board Conditions Atta  Must obtain a uniform  Contracted usc inspection    |                    |  |  | on the locally vection.  |  |  |  |
| must meet and mainte  | in Setback         | . 2  |  |  |  |  |  |
| Signature of Inspector:   |                    |  |  | Date of Approval:  |  |  |  |
| Hold For Sanitary: 🗆 Hold For TBA: 🗆 _  | Hold For Affic     | davit: 🗆                                   | Hold For Fees:                                   |  |  |  |  |

# TOWN BOARD RECOMMENDATION -- (CLASS A - SPECIAL USE)

Residence in Ag-1 or F-1; Shoreland Grading; Short-Term Rental (1 unit); Signage; RV Ext

When Town Board has completed this form, please mail to:

Bayfield County Planning and Zoning Department P.O. Box 58 – Washburn, WI 54891 Phone – (715) 373-6138 Fax – (715) 373-0114

e-mail: zoning@bayfieldcounty.org

Website: www.bayfieldcounty.org/147

Date Zoning Received: (Stamp Here)

NOV 1 2 2021

Bayfield Co.
Planning and Zoning Agency

Property Owner(s) are responsible to give this form to the Town Clerk. Attach a copy of the County Application (8 ½ x 14) [front/back]. This is a Class A special use request. Note: The Town's Planning Commission meets prior to the Town. Once the Town meets they will forward their recommendation to the Planning and Zoning Department. Ask Town if you should be present at their meeting(s).

| Property Owner Patrick and Anne Christensen Contra   |  |
|--|--|
| Property Address 86232 Bark R. ver Rd Authori  | zed Agent  |
| Herbster W1 54844 Agent's  | s Telephone  |
| Telephone (318) 780 - 753 > Written  | Authorization Attached: Yes ( ) No ( )   |
| Accurate Legal Description involved in this request (specify only the  | property involved with this application)   |
| SW 1/4 of SE 1/4, Section // , Township 50 N., Range   | ge 7_W. Town of Clouce   |
| Govt. Lot Lot Block Subdivision  | CSM#   |
| Volume Page of Deeds Tax I.D#154 6   | Acreage 28 acres   |
| Additional Legal Description:  |  |
| Applicant: (State what you are asking for)  De are seeking a build   | ing permit to  |
| construct a seasonal co  | (b) h  |
|  |  |
| We, the Town Board, TOWN OF  | , do hereby recommend to   |
|  | , do hereby recommend to   |
| ☐ Table ☑ Approval  Have you reviewed this for Compatibility with the Comprehensive  | ☐ Disapprovai ve and/or Land Use Plan: ☐ Yes ☐ No  |
| ☐ Table  | ☐ Disapprovai  re and/or Land Use Plan: ☐ Yes ☐ No  ndation of tabling, approval or disapproval)   |
| ☐ Table ☐ Approval  Have you reviewed this for Compatibility with the Comprehensive  Township: (In detail clearly state Town Board's reason for recommendation)  | Disapprovai  re and/or Land Use Plan: Yes No  ndation of tabling, approval or disapproval)  oal 5 og Conyprehenske Man  Signed:  |
| Table  Approval  Have you reviewed this for Compatibility with the Comprehensive  Township: (In detail clearly state Town Board's reason for recomment  Single from by detailing consistent w/6  ** THE FOLLOWING MUST BE INCLUDED WITH THIS FORM:   | □ Disapprovai  ve and/or Land Use Plan: □ Yes □ No  indation of tabling, approval or disapproval)  indation of tabling approval or disapproval  |
| Table    Approval  | Disapprovai  re and/or Land Use Plan: Yes No  ndation of tabling, approval or disapproval)  oal 5 og Conyprehenske Man  Signed:  |
| Table  Have you reviewed this for Compatibility with the Comprehensive Township: (In detail clearly state Town Board's reason for recommendate of the following density of the following density of the following density of the table of the following density of the table of the form returned to Zoning Department not a copy or fax   | Disapprovai  re and/or Land Use Plan: Yes No  ndation of tabling, approval or disapproval)  ocol 5 cg Corrept beasing Plan  Signed: Chairman: Agle Julion  |
| Table  Have you reviewed this for Compatibility with the Comprehensive Township: (In detail clearly state Town Board's reason for recomment of the following towns's fact with the Comprehensive Single Research of the Compatibility with the Comprehensive Township: (In detail clearly state Town Board's reason for recomment of the Compatibility with the Comprehensive Township: (In detail clearly state Town Board's reason for recomment of the Compatibility with the Comprehensive Township: (In detail clearly state Town Board's reason for recomment of the Compatibility with the Comprehensive Township: (In detail clearly state Town Board's reason for recomment of the Compatibility with the Comprehensive Township: (In detail clearly state Town Board's reason for recomment of the Compatibility with the Comprehensive Township: (In detail clearly state Town Board's reason for recomment of the Compatibility with the Comprehensive Township: (In detail clearly state Town Board's reason for recomment of the Compatibility with the Comprehensive Township: (In detail clearly state Town Board's reason for recomment of the Compatibility with the Comprehensive Township: (In detail clearly state Town Board's reason for recomment of the Compatibility with the Compatib | Disapprovai  ve and/or Land Use Plan: Yes No  ndation of tabling, approval or disapproval)  ocol 5 cg Corryrohensko Han  Signed: Chairman: Agle Jullor Supervisor: Types Man   |
| ## THE FOLLOWING MUST BE INCLUDED WITH THIS FORM:  1. The Tabled, Approval or Disapproval box checked  2. The Town's reasoning for the tabling, approval or disapproval  3. The form returned to Zoning Department not a copy or fax  ** NOTE:  Receiving Town Board approval, does not allow the start of construction or business, you must first obtain your  | Disapprovai  The and/or Land Use Plan:  The and/or Land Use Plant Use |
| ## THE FOLLOWING MUST BE INCLUDED WITH THIS FORM:  1. The Tabled, Approval or Disapproval box checked  2. The Town's reasoning for the tabling, approval or disapproval  3. The form returned to Zoning Department not a copy or fax  ** NOTE:  Receiving Town Board approval, does not allow the start  | Disapprovai  The and/or Land Use Plan:  The and/or Land Use Plant Use |



# Bayfield County, WI



OCT 2.2 2021

Bayfield Co. Planning and

### WARRANTY DEED

This deed, made between David A. Sabo, Grantor,

and

Patrick Christensen and Anne Christensen, husband and wife, as joint tenants, Grantee,

Witnesseth, That the said Grantor, for a valuable consideration conveys to Grantee the following described real estate in Bayfield County, State of Wisconsin:

As Described in Attached Addendum/Exhibit A

Parcel No. 04-014-2-50-07-11-4 03-000-10000

This is not homestead property.

DANIEL J. HEFFNER BAYFIELD COUNTY, WI REGISTER OF DEEDS

2021R-588337

04/27/2021 10:11AM

TF EXEMPT #:
RECORDING FEE: \$30.00 TRANSFER FEE: \$120.00

PAGES: 2

Return to:

Patrick Christensen and Anne Christensen 11450 Christensen Road Orr, MN 55771 File No. 117834

Together with all and singular the hereditaments and appurtenances thereunto belonging; And the said grantor warrants that the title is good, indefeasible in fee simple and free and clear of encumbrances except exceptions, reservations, easements and restrictions of record, and will warrant and defend the same.

Dated this Sel day of April, 2021.

State of Montana

Personally came before me this  $2^{1}$  day of April, 2021, the above named **David A. Sabo**, to me known to be the person(s) who executed the foregoing instrument and hereby acknowledge the same.

STUFF

TARA M STUFFLEBEAM NOTARY PUBLIC for the State of Montana iding at Anaconda, Montana My Commission Expires ted by: November 15, 2024

Michael S. Brandne Midwest Title Group LLC Notary Public, State of Montana

My Commission Expires: \_\_

# Real Estate Bayfield County Property Listing

Today's Date: 11/22/2021

**Property Status: Next Year** 

Created On: 10/20/2021 12:37:54 PM

**Mailing Address:** 

| Description | Updated: 10/20/2021              |
|-------------|----------------------------------|
| Tax ID:     | 38637                            |
| PIN:        | 04-014-2-50-07-11-4 03-000-40000 |

Legacy PIN: Map ID:

Municipality: (014) TOWN OF CLOVER

STR: Description: S11 T50N R07W SW SE IN DOC 2021R-588337 LESS PAR IN DOC 2021R-590059 & LESS PAR IN

DOC 2021R-591032

Recorded Acres: 0.000 Calculated Acres: 28,650 Lottery Claims: 0 First Dollar: No ESN: 109

| Tax Districts | Updated: 10/20/2021 |
|---------------|---------------------|
| 1             | STATE               |
| 04            | COUNTY              |
| 014           | TOWN OF CLOVER      |
| 044522        | SCHL-SOUTHSHORE     |
| 001700        | TECHNICAL COLLEGE   |

| <u>∵</u> 6              |                    |
|-------------------------|--------------------|
| Recorded Documents      | Updated: 3/15/2006 |
| 73 I AND AAND AAND AAND |                    |

**■ LAND CONTRACT** Date Recorded: 9/20/2021 2021R-591032

**WARRANTY DEED** Date Recorded: 8/2/2021

**₩ WARRANTY DEED** Date Recorded: 4/27/2021 2021R-588337

**CONVERSION** 

Date Recorded: 179-132;666-284;750-356 Ownership

Updated: 10/20/2021 ORR MN

**Billing Address: PATRICK & ANNE CHRISTENSEN** 

**PATRICK & ANNE CHRISTENSEN** 11450 CHRISTENSEN RD 11450 CHRISTENSEN RD ORR MN 55771 ORR MN 55771

Site Address \* indicates Private Road

**PATRICK & ANNE CHRISTENSEN** 

86232 BARK RIVER RD HERBSTER 54844

| Property Assessment    | Up   | Updated: N/A |  |  |  |  |
|------------------------|--|--------------|--|--|--|--|
| 2021 Assessment Detail | THE STATE STATE OF THE STATE OF |              | MANAGER COMMERCIAL STATE OF THE |  |  |  |
| Code                   | Acres  | Land         | Imp.   |  |  |  |
| N/A                    |  |              | •  |  |  |  |
| 2-Year Comparison      | 2020   | 2021         | Change   |  |  |  |
| Land:                  | 0  | 0            | 0.0%   |  |  |  |
| Improved:              | 0  | 0            | 0.0%   |  |  |  |
| Total:                 | 0  | 0            | 0.0%   |  |  |  |

| Property History                 |              |
|----------------------------------|--------------|
| Parent Properties                | Tax ID       |
| 04-014-2-50-07-11-4 03-000-20000 | <u>38571</u> |

HISTORY E Expand All History

White=Current Parcels

2021R-590059

Pink=Retired Parcels

**Tax ID:** 11566 Pin: 04-014-2-50-07-11-4 03-000-10000 Leg. Pin: 014104201000 **Tax ID:** 38571 **Pin:** 04-014-2-50-07-11-4 03-000-20000

38637

This Parcel

Parents

Children

# Town, City, Village, State or Federal Permits May Also Be Required

LAND USE - X
SANITARY - 21-127S
SIGN SPECIAL - TBA (Town of Clover-11/12/2021)
CONDITIONAL BOA -

# BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

| No.      | 21-       | 0406   | 5      |                   | Issue        | d To: Pa                        | atrick    | & Anne Ch                                     | risten         | sen             |            |        |         |           |            |        |
|----------|-----------|--------|--------|-------------------|--------------|---------------------------------|-----------|---|----------------|-----------------|------------|--------|---------|-----------|------------|--------|
| Part of  | -         | 1/4    | of     | SE                | 1/4          | Section                         | 11        | Township                                      | 50             | N.              | Range      | 7      | W.      | Town of   | f <b>(</b> | Clover |
| Gov't Lo | ot        |        | ı      | _ot               |              | Blo                             | ock       | Su  | bdivisio       | on              |            |        |         | CSM#      | !          |        |
|          | Residend  | Mus    | t ob   | Disclai<br>tain a | mer):<br>Uni | Any future form Dw              | elling    | 28') = 724 s<br>sions or develor<br>Code (UDC | opment (C) Per | would<br>mit fi | require ad | dition | ally co | ontracted |            |        |
| NOTE:    |           | it exp | ires o | ne yeaı           | from o       |                                 |           | e authorized co                               |                |                 |            |        | То      | odd Norw  | voo        | d, AZA |
|          | This perm | it may | / be v | oid or r          | evoked       |                                 | e applica | ithout obtaining<br>ition information<br>e.   |                |                 |            |        |         | ecember   | 9, 2       |        |
|          |           |        |        |                   |              | l if any perfo<br>ditions are v |           | conditions are                                | not            |                 |            |        |         | Date      | е          |        |